



## SURGICAL TECHNIQUE

# Outpatient surgical treatment of female stress urinary incontinence under local anesthesia-sedation with contrasure needleless incision<sup>☆</sup>

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## KEYWORDS

Stress urinary incontinence;  
Local anesthesia;  
Outpatient major surgery;  
Transobturator tape

## Abstract

**Objective:** To evaluate the results obtained from out-patient surgical treatment of female stress urinary incontinence (SUI) with the use of trans-obturator tape (TOT) of a single Conturasure-Needleless incision (Neomedic-International).

**Patients and method:** We performed an intervention with local anesthesia-sedation in outpatient regime between January 2007 and December 2011 on 96 patients affected by SUI using the placement of Needleless tension-free suburethral sling. Inclusion and discharge criteria and the results obtained as well as satisfaction grade were evaluated by a questionnaire. All the patients underwent a stress test, urodynamic study and quality of life questionnaire (ICIQ-SF) prior to and at least 3 months after the intervention.

**Results:** Tolerance to the procedure was good. Surgical time was less than 10 min and stay in the hospital up to discharge less than 2 h. The results obtained are superimposable to those reached with epidural anesthesia and hospitalization, the grade of satisfactions with the treatment received being superior to 90%.

**Conclusions:** Almost all of the patients affected are candidates for inclusion in an outpatient surgery program. This noticeably improves the cost-efficacy ratio, without decreasing the health care or grade of satisfaction. Furthermore, the Conturasure-Needleless system fulfills the criteria for minimally invasive surgery, providing better stability of the sling than the third generation 'minibands' due to the greater length of the mesh and less post-operative pain regarding the conventional TOT as no cutaneous incisions are required.

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**PALABRAS CLAVE**

Incontinencia urinaria de esfuerzo;  
Anestesia local;  
Cirugía mayor ambulatoria;  
Cabestrillo transobturatriz

**Tratamiento quirúrgico ambulatorio de la incontinencia urinaria de esfuerzo femenina bajo anestesia local-sedación con cabestrillo transobturatriz de incisión única (Contasure-Needleless)****Resumen**

**Objetivo:** Evaluar los resultados obtenidos en el tratamiento quirúrgico ambulatorio de la incontinencia urinaria de esfuerzo femenina (IUE) con el empleo de un TOT de una sola incisión Contasure-Needleless (Neomedic-Internacional).

**Pacientes y método:** Entre enero de 2007 y diciembre de 2011 hemos intervenido con anestesia local-sedación y en régimen estrictamente ambulatorio a 96 pacientes afectas de IUE mediante la colocación de cabestrillo suburetral sin tensión *Needleless*. Se evalúan los criterios de inclusión y alta, así como los resultados obtenidos y el grado de satisfacción mediante la elaboración de un cuestionario. En todas las pacientes se realizó test de esfuerzo, estudio urodinámico y cuestionario de calidad de vida (ICIQ-SF) antes del procedimiento y al menos 3 meses después de la intervención.

**Resultados:** La tolerancia al procedimiento fue buena. El tiempo quirúrgico fue inferior a 10 min y el de permanencia en el hospital hasta el alta menor de 2 h. Los resultados obtenidos son superponibles a los alcanzados con anestesia epidural e ingreso, siendo el grado de satisfacción con el tratamiento recibido superior al 90%.

**Conclusiones:** La práctica totalidad de pacientes afectas son candidatas a incluirse en un programa de cirugía ambulatoria, mejorando ostensiblemente la relación coste-eficacia, no disminuyendo por ello la calidad asistencial ni el grado de satisfacción. Asimismo, el sistema Contasure-Needleless cumple los criterios de cirugía de mínima invasión, proporcionando una mayor estabilidad del cabestrillo que las «minibandas» de tercera generación, en virtud de una mayor longitud de la malla así como un menor dolor postoperatorio respecto al TOT convencional, por no precisar incisiones cutáneas.

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**Introduction**

Major Outpatient Surgery (MOS) arises in order to optimize health resources,<sup>1,2</sup> not only accelerating the surgical procedures and rationalizing the increasing costs, but also improving the quality of care.<sup>3,4</sup>

The correction of stress urinary incontinence (SUI) is a common surgical procedure and its implementation has been simplified so that a high percentage of patients are candidates to be included in a MOS program because the surgical technique meets all the inclusion criteria recommended in the Guideline for the Organization and Operation for MOS<sup>2</sup> that are collected in Table 1. Also, the fact that it can be performed under local anesthesia or local-sedation implies that it is not needed to be very selective in what concerns the surgical and anesthetic risk either, which also makes it an ideal procedure in elderly patients, where the anesthetic risk is usually high.<sup>5,6</sup>

The first tension-free vaginal tape (TVT) for the surgical correction of urinary incontinence was first described in 1996 by Ulmsten et al.<sup>7</sup> Subsequently, in order to perform less invasive surgical procedures, more simple, and with fewer potential risks, in 2001 transobturator tapes were born, such as TOT and TVT-O. A third generation of tapes is the so-called 'minibands' represented, among others, by the TVT-Secur (which was the first to be sold in 2006). It is a tape smaller than all its predecessors, and which theoretically should further reduce the potential complications.<sup>9</sup> Halfway between these 'minibands' and TOT a new device arises: the Contasure-Needleless which aims to reduce the complications attributable to the passage of needles through the obturator foramen, while providing greater stability of the mesh according to greater length thereof regarding the 'minimeshes', as well as the support which provides the pocket-shaped termination that it has at both ends, allowing for placement similar to the latter, since they do not require skin incision.<sup>10</sup>

**Table 1** Inclusion criteria of surgical procedures.

- Not requiring complex repair
- Low risk of bleeding
- Total intervention time shorter than 90 min
- Postoperative pain controlled with oral analgesia
- Not requiring drainages with high debit
- Early oral tolerance
- Allowing for precocious walking

**Objectives**

To describe the surgical technique and to evaluate the safety, complications, and results obtained in the outpatient surgical treatment of female SUI with the use of a single-incision Contasure-Needleless TOT (Neomedic-International).

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